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# MEDICAL EXAMINER.

NEW SERIES.

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[Vol. I.

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## ORIGINAL COMMUNICATIONS.

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*Case of Deformed Leg, from unsuccessfully treated Fracture, cured by an operation performed by JOHN RHEA BARTON, M. D. Reported by W. S. W. RUSCHENBERGER, M. D., U. S. Navy.*

About half past seven o'clock, P. M., on the 18th of December, 1838, while in charge of the deck of the U. S. Ship Ohio, then at sea, Lieutenant — fell from the horse block, about four feet high. The weather being cold and boisterous, he was heavily clothed in a pee jacket, &c. His foot became engaged in a coil of rigging on the deck, while the body was carried forward, and the right tibia was fractured transversely at about its lower third, and the fibula at about two and a half inches above the ankle.

A gale of wind, then commencing, lasted several days.

He was placed in his apartment on the orlop deck, where the circulation of air was very much interrupted, and probably much vitiated by the number of persons breathing it.

The limb was set by the surgeon. He suffered very much from the motion of the ship, and in the night was attacked with severe spasms in the limb; and he distinctly felt the fragments slip upon each other.

On the 5th of January, 1839, the ship arrived at Mahon, and on the following day, the nineteenth after the accident, the patient was moved on shore. During the transportation from the ship, he suffered great pain from the moving of the ends of the broken bones on each other.

He remained in bed eight weeks, and when he got up, the limb was still flexible at the point of fracture. Getting out of bed was at first very painful, and usually occupied fifteen minutes.

When he got up he was urged to exercise the limb, and three or four weeks afterwards, to bear his weight, in a degree, upon it.

In consequence of the accident, and its unsuccessful treatment, the upper fragment of the tibia rides the lower one, overlapping it about half an inch, forming an obtuse angle which presents inwards. The limb is shortened a half inch; there is a concavity inwards, on the outside of the leg, as might be the case if the fibula were pressed inwards against the tibia at its lower third; the flexor muscles are thrown out of their normal line of action, and the external condyle of the femur seems to be, in a measure, alone in the essential constitu-

tion of the knee joint, the internal ligaments being elongated, and the knee thrown inwards. (*See the cut.*)



The patient suffers no pain; and the only inconvenience complained of is, that his footing is not certain when at sea, and that he suffers under pain and weakness in the knee on taking unusual exercise on shore.

For the purpose of removing this inconvenience, and correcting the deformity, the patient came to Philadelphia; and after having been carefully examined at different times, and at considerable intervals, by Drs. Thomas Harris, W. E. Horner, J. Randolph, W. S. W. Ruschenberger, J. Rhea Barton, and Paul B. Goddard, anxiously submitted to an operation.

Lieutenant — is a native of South Carolina; he is thirty-four years of age, about five feet eight inches high, of nervous sanguine temperament, light eyes, ruddy complexion, and, with the exception of an attack of fever on the coast of Africa, in 1824, has enjoyed uninterrupted health. He does not use tobacco in any form.

For a month he has regulated his diet with a view to the operation, eating moderately of meat once a-day.

Having procured an airy, comfortable apartment, and made the necessary preparations, he submitted to the following operation, performed by Dr. J. RHEA BARTON, assisted by Drs. Norris, E. Peace, Paul B. Goddard, W. P. C. Barton, and Ruschenberger.

Oct. 18th, 1841. Weather clear and cool. Ten minutes before commencing the operation the patient swallowed thirty-five drops of laudanum. He was placed upon the table at twelve o'clock.

Two incisions, three inches in length, were made over, and parallel with the internal and external margins of the tibia, three inches apart at their upper extremities, and two and a half at their termination. These two incisions were connected by a transverse cut, made a little below the nearly square projecting end of the upper fragment of the tibia; the three incisions describing the letter H. The flaps thus formed, consisting of the skin and subjacent cellular tissue only, were raised up, exposing the fragments of the tibia at their point of union. The adjacent muscles were separated from the bone by the handle of the scalpel; the periosteum, very near the lower termination of the upper fragment, was divided by the scalpel: a small saw, somewhat in the form of a carving knife, about ten inches long in the blade, suddenly tapered into a point of two and a half inches long,



and rounded at the extremity, was next employed, and a slice of bone, less than a line in thickness, removed from the extremity of the upper fragment. The saw was carefully worked in the same line of direction, and in the same plane, frequently removing it to clear its teeth by a sponge, until the lower fragment was divided nearly through. What remained was forcibly fractured—a short, stout spiculum, adhering to the posterior portion of the lower fragment, and which was afterwards removed.

Upon examination, it was now found, as was anticipated, that transverse bridges of bone connected the tibia and fibula together above and below the seat of fracture,—having been formed there after the injury, for the wise purpose of supporting the weakened limb,—and prevented the upper and projecting portion from being brought in a normal line with the lower fragment. These bony bridges were removed by the aid of a chisel and strong nippers; and, by the same means, the ends of the two fragments of the tibia were adjusted and finally brought into perfect coaptation. The operation occupied nearly an hour. No vessel required ligature; and the loss of blood did not exceed eight ounces.

The edges of the wound were brought together, and retained by adhesive straps. Lint, spread with simple cerate, was placed over them. The limb, from the toes to the knee, was then covered by successive turns of a roller. The patient was now carefully removed to bed. A soft, square pad, two inches thick, was placed over the external maleolus, and a similar one close to the knee joint; upon these was laid a splint two and a half inches wide, to which the two fragments of the tibia were confined by a few turns of a roller, applied at the proper points. A soft pillow, covered with oiled silk, was made to half encircle the limb, by the aid of splints in a splint cloth, and the whole secured by tapes. The limb was protected from the pressure of the bed clothes in the usual way.

Directed to take in the evening a cup of weak black tea, and a piece of dry toast.

9 o'clock, P. M. Patient comparatively comfortable.

19th. 9 o'clock, A. M. Skin natural; very slight suffusion of countenance; bowels not moved, pulse 80, and soft. Had very little sleep since the operation: experienced some few "twinges" in the limb. Became comparatively easy an hour after the operation. Complains of not being able to relax the muscles of the limb. Pain in the back last night and this morning.

A compress placed over the upper fragment, near its inferior extremity, to prevent its rising; it is secured in its place by tying one of the tapes of the splints across it.

Diet.—Barley water, chicken broth.

6 o'clock, P. M. Comfortable. Felt oppressed after taking broth: relieved after passing urine and perspiring freely. Urine brandy coloured.

20th. 9 o'clock, A. M. Pulse 76; skin comfortable; looks cheerful. At 4 o'clock, A. M. had severe continued pain in the abdomen, pro-

bably from flatus. Patient applied hot dry cloths with advantage. Tongue slightly white.

Diet.—Small piece of roast beef; barley water.

9 o'clock, P. M. Has not been able to have an evacuation from the bowels from want of convenience, as he cannot get a pan beneath him, and is insurmountably repugnant to the use of a sheet. Complains that he has passed a miserable day: belly very tender and sore, but it is soft and not distended; pulse 76. Moved to a mattress with a moveable piece on the left side, corresponding to the pelvis. The moving caused great pain and considerable exhaustion.

21st. 9 o'clock, A. M. After taking some warm broth the bowels were moved; and he has had another evacuation this morning. Slept several hours. Soreness and tenderness of the abdomen have disappeared; pulse 76; comfortable; says he is not aware, from any uneasy feeling, that his leg is broken.

External soiled parts of the dressings removed by scissors, and a Scultetus bandage placed over the whole; the oiled silk changed for a clean piece.

Diet continued.

6 o'clock, P. M. Had spasm in the leg in the afternoon.

22d. Half past 9 o'clock, A. M. Pulse 76, and after taking coffee, (which acts kindly on his bowels,) 79. Had very little sleep last night; some spasms; bowels open.

Removed the dressings. Wound healthy.

A number of maggots, nearly a half inch long, about the wound. Washed with Castile soap and warm water. Dressing of lint and simple cerate. Pads at the ankle and knee removed, and the splint, lightly padded, brought into contact with the limb. From a slight thickening of the lower flap, the lower fragment of the tibia *seems* to be in advance of the upper one.

Continue diet.

6 o'clock, P. M. No sleep; some spasm; great pain in the foot from pressure of the bandages, which was relieved by removing and reapplying them. Wound looks well.

Liquor anodyn Hoffmani. H. S.

23d. Half past 9 o'clock, A. M. Slept about five hours last night; bowels open; pulse 76. Continue treatment.

6 o'clock, P. M. Has had a comfortable day.

24th. Half past 9 o'clock, A. M. Slept four hours; comfortable; pulse 76; bowels open; urine high coloured, but now transparent. Continue treatment.

27th. Nothing remarkable since last report. Slept very little last night. Wash the wound with tinct. myrrh.

Continue diet; half a tumbler of Philadelphia brown stout.

28th. Slept six hours. Bran bags applied. Continue treatment.

Nov. 2d. In consequence of the upper fragment having slightly fallen out of its proper line, a straight, narrow splint was applied on the outside of the leg.



5th. Paste board splint applied to the inside of the leg; bone begins to stiffen.

6th. Splint applied on the inside of the leg, which reposes on the pillow without being secured by the splints and splint cloth. Bowels are open every morning; pulse 80; sleeps four or five hours in the twenty-four; is very cheerful.

7th. Wound nearly healed; suppuration has almost ceased.

*Dec. 31st.* At present the patient is walking about his apartment, aided by a cane. He wears the same boots that he wore previous to the operation, and does not think the limb is appreciably shortened. At the end of a fortnight he will be able to travel; but at this time it would be premature to state what the effect of the operation has been, although the limb is straight, and not appreciably shorter than it was prior to the operation.

To the young practitioner of surgery this case is particularly interesting, and should lead all to study carefully the treatment of fractured bones, the result of which, if successful, adds very little to the reputation of the surgeon, but, if otherwise, is calculated to injure his professional character.

The necessary arrangements for variety of matter compel us to defer, until the appearance of our next number, a curious and deeply interesting series of observations on the progress of the operation and the subsequent sensations, made by the patient himself.—*Ed.*

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### BIBLIOGRAPHICAL NOTICES.

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*Introductory address, delivered in the Theatre of Geneva Medical College, December 1, 1841.* By FRANK H. HAMILTON, M. D., Professor of the Theory and Practice of Surgery in Geneva Medical College; Pittsfield Medical College, Mass.; Castleton Medical College, and Woodstock Medical College, Vermont. Published by the Class. pp. 18.

Our limits allow us little space for noticing Introductions hereafter, but as these productions inform us of many important facts in relation to the existing state of medical instruction in this country, we must be permitted to employ them sometimes as texts for discourses wandering far from their immediate subjects, and as hooks on which to suspend remarks having no personal bearing upon their authors. In commenting upon the interests and organization of the whole profession, we have been, and probably shall be hereafter suspected of aiming at individual men or institutions. The suspicion shall never find any foundation in our feelings.

Dr. Hamilton, in his note to the committee of publication expresses a fear that the public will be less lenient than his class, to the faults and

imperfections growing out of the unfinished state of the article. We shall not prove so; for it is unreasonable to expect great care in thought and style to be bestowed on mere introductions which are not designed to produce a permanent and wide-spread influence on medical opinion. Two points only, in the body of the discourse, interest us considerably. Judging by the context, Dr. H. is evidently no advocate of the results of "*the cacoethes secandi*," and it is pleasant to observe the diffusion of a just hostility to that child of certain unfortunate blunders in the organization of the really noble French school of surgery—the spirit of hyper-operation;—a spirit which has caused such an incalculable amount of mutilation and suffering within the last five years in France and Germany, and even in this country. We confidently anticipate the speedy subsidence of the epidemic *cacoethes*, but even the leniency due to the essay before us on grounds already stated, will not excuse us in passing by, without expostulation, the harshness and asperity of some of the phrases employed by the writer, in alluding to this subject. The medical profession cannot be effectively addressed like a political town-meeting, in rude or decidedly uncourteous terms; and no man, however elevated in station, can avoid the loss of influence when, in medical discussion, he allows even just indignation to become elevated into the semblance of anger. In defence of the justice of this censure we quote the following passage:

"Dieffenbach has since renounced, by a public declaration, this useless, and often bloody operation, for stammering; and his silly apes must, foresooth, renounce it also, or find themselves in the disagreeable attitude of pedlars, who are endeavoring to vend their miserable wares, while the manufacturer himself is present, declaring them a hoax. Had these men expended one sensible thought upon this subject, they might have saved themselves from so ridiculous a dilemma.

"But it is not in this operation alone that surgeons have shown more 'veneration' and 'destructiveness' than 'common sense' and 'cautiousness,' or even 'conscientiousness.' We shall, in the course of these lectures, have occasion to mention others, and speak further of those men who are seized with a *cacoethes secandi*, and who would pine and die, if not furnished with a daily supply of blood. Detestable bloodsuckers! Do they hope to be ranked as surgeons, or men, in this enlightened day of humanity? Their brutal ambition is worthy only a Nero or a Caligula. We commend their memories to a like desecration."

Another feature in the lecture is equally gratifying, as evincing the increasing prevalence of the conviction that the term of study in collegiate schools is too short to be available in teaching properly



even the elements of medicine. On this subject we will quote a few lines of the address :

"But if, young gentlemen, I have not found cause to complain of the means afforded me here for the illustration of my branch, I do complain of the limited time allotted to my department, as well as to all the other departments in this and other American schools. We occupy as much time in our several courses as is occupied upon the same subjects in any other institution this side of the Atlantic, and more than is occupied by many of the most respectable country schools. We have also the usual quota of professors, and attempt to teach all the branches of medical science. But surely it is a miserable economy of time, that we are allowed but four months to expound to you all of medicine and surgery, and you must have minds ready and comprehensive beyond a parallel to apprehend and retain all their subtleties. What magnus Apollo has ever discussed and demonstrated thoroughly, in eighty or ninety lessons, the principles and practice of surgery?"

It must be peculiarly painful for a teacher maintaining the opinions of the lecturer, to find himself dragged along by a system which permits and renders advisable the assumption of the manifold professional duties which devolve upon him as the simultaneous holder of the surgical chairs in four distinct medical colleges located within the bounds of three separate sovereignties. He will join with us, we feel assured, in the good-humored smile which is irresistibly awakened when we compare the immutable limits of the sun's annual revolution, with the time required for the exercise of such multifarious duties.

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## CLINICAL REPORTS.

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PENNSYLVANIA HOSPITAL—*Surgical Wards*—Service of Dr. E. PEACE.

*Acetate of Lead as a counter-agent to Fetor in sloughing, and other sores.*—The two following notes are chiefly interesting as instances of the apparently good effects of the lead-water dressing on some sloughing surfaces. Reference has been made already to this application of the remedy, in a previous report,\* and will be considered more at large in a future communication.

E. H.

1. A recent case of caries of the malar bone in a child six years of age, was treated merely with emollient applications for four months.

\* See Medical Examiner, Vol. IV. page 776, 1841.

During this time, two pieces of bone—the first of them being a portion of the orbital process, and nearly half an inch long and a quarter of an inch wide—came away through an opening just outside of, and below the external angle of the right eye, leaving a cavity, from which constantly issued a very fetid discharge. At the end of four months, the surface of the bone, being covered with granulations, could no longer be felt with the probe. The part was then dressed with lint kept moistened with diluted *liq. sodæ chlorid.*, to correct the offensive odour of the discharge which still persisted. This had the desired effect to a considerable extent, but did not entirely remove the evil. A weak solution of the acetate of lead was at length directed to be kept continually applied with a piece of lint over and around the orifice, while a small portion of the same was injected every day into the little cavity still remaining in the cheek. The lead water completely destroyed the fetor; the cavity began to fill up rapidly, and in about ten days it was entirely closed.

2. In a severe case of onychia after small pox in a little girl aged six years, the nail was removed and the finger covered with emollient fomentations. A fermenting poultice was substituted in a few days, on account of sloughing. This abated immediately, and for a short time disappeared under the application. Although the finger two or three times appeared to be recovering under the use of nitrate of silver and other escharotic and astringent applications, yet it as often relapsed without any obvious local cause, and resumed its offensive, sloughy aspect. At length, resort was had to the acetate of lead, a solution of which was kept steadily applied to the affected part by means of patent lint covered with oiled silk. Under this dressing alone, the dark slough disappeared, the fetor became imperceptible, and the little patient soon entirely recovered, with the loss of the nail.

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## PROCEEDINGS OF SOCIETIES.

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### PHILADELPHIA MEDICAL SOCIETY.

*Session of January 1st, 1842.* Dr. Reynell Coates in the Chair. Annual election. The following officers were chosen for the ensuing year :

*President*—Thomas Harris, M. D.

*Vice Presidents*—George B. Wood, M.D., Robert M. Huston, M.D.

*Treasurer*—John M. Brewer, M. D.

*Corresponding Secretaries*—W. Poyntell Johnston, M. D., B. Horner Coates, M. D.

*Senior Recording Secretary*—J. M. Wallace, M. D.

*Orator*—Reynell Coates, M. D.

*Librarian*—J. F. White, M. D.

*Curator*—Joseph Peace, M. D.



**DOMESTIC.**  
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*Extraction of the Primary Teeth—Cutting the Gums.*—It is sometimes adviseable to recall attention to well known surgical or physiological facts, which are apt to escape the attention of medical men, because they are usually considered as appertaining more particularly to the duties of specialists, though, if fairly considered, they would be found at least equally important to the general practitioner (we use the words in the American sense) when placed at a distance from cities where the division of professional labour is carried to the greatest extent. For this reason, we take from the Baltimore Guardian of Health, for December, the following short extracts from a paper by Enoch Noyes, M. D., Dental surgeon.

“The opinion that the preservation of the teeth of the first dentition, is unimportant, inasmuch as they are soon removed by the operation of nature, and are then succeeded by those of the second—a larger, stronger, and withal more numerous set—is not only erroneous, but is fraught with danger to the health of both.—“Dr. Harris, in treating upon the importance of the preservation of the first teeth, to the health and durability of the second, says: ‘It is very important, that the deciduous teeth should be preserved until they are removed by the absorption of their fangs; because, in their health is involved the durability and health of the permanent teeth.’—“When the first teeth continue healthy until, by the destruction of their roots, they are removed to give place to the second, these latter are generally well arranged, of a hard and firm texture, and, in consequence, less liable to disease than when developed in the midst of unhealthy parts, as they usually are when the former are allowed to decay, for it is to this, that the morbid affections which are so often met with during early childhood, in their sockets and surrounding gums, are in the majority of cases attributable. The teeth of the second set are formed behind and beneath those of the first, and any unhealthy condition of these latter or their contiguous parts, proportionate to its nature and extent, disturbs the process of the formation of the former. The earthy material that enters into their composition, is caused to be by it less abundant and inferior in quality.”

The early and careless extraction of the first set of teeth by empirical dentists, and by medical men who regard such subjects as unworthy of close attention, has been not only the ruin of the appearance, but a serious injury to the health of many a child under our own observation. The lancing of gums too early and too deeply, before the crowns of the teeth are properly solidified, is another and very gross error of practice. Almost the only complaint of childhood, in which a neglect of these principles is warrantable, is the *cancrum oris*, or sore mouth disease of children, in which it is essential that

our local remedies—the saturated solution of sulphate of copper, for instance—should be carried to the very bottom of the socket. Life is placed in immediate and imminent jeopardy in every case of this disease, and, unfortunately, the teeth must be sacrificed to the requisite extent without reserve.

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## FOREIGN.

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Dr. Kilgour, in his notes in the Edinburgh Medical and Surgical Journal for Oct. 1841, gives some interesting results as to the forms of fever which prevail in Great Britain;—that is, true typhus, not the sporadic typhoid fever which is common enough in the United States. The cases were noted in a tabular register, and the results given as accurately as could be done, without describing each case in its details.

I. The first question to determine is whether the cases of fever arose from infection. This could be shown positively as regards many of these cases; there were, of course, no means of proving that infection really existed in some in which it was not apparent.

“The cases arising from infection, that is to say, brought from houses or families where fever existed, were, in the first year, 23.80 per cent.; in the second, 29.22 per cent.; and in the third, 53.37 per cent.

“I am certain, however, that these are considerably below the real numbers where the disease was produced from this cause; for I have long observed a disposition on the part of the patients to conceal or deny their having been exposed to infection.”

II. Next as to the eruption, or measles like exanthema, a constant, almost invariable symptom in the cases of true typhus, observed in different epidemics at Philadelphia from 1836 to 1841.

“The cases admitted with the exanthema, or the eruption of typhus, in the first year, were 31.21 per cent.; in the second, 33.54 per cent.; and in the third, 52.05 per cent. So that the proportion is here nearly the same as under the former head. By another table, which was kept during the year 1840, the per centage of those admitted from infection, and having also the exanthema was 36.39, and of those having exanthema, but where they had not been, to their knowledge, exposed to infection, it was 15.66.

“I am perfectly satisfied that this fever, call it by what name we will, is truly an exanthematous fever, though not observing the same periodicity or regularity in the cutaneous affection as those longer known to us as exanthematous fevers. I attempted for some time to keep tables of the form, colour, date of appearance, and of disappearance of exanthema; but the results were so exceedingly variable, and the characters of the exanthema, except in so far as regarded colour,



had so little apparent connection with the type of the fever, and so little influenced the practice, that I gave them up.—A table which was kept in 1840 of the cases from infection, but not attended with exanthema, gives us 17.60 per cent.; but in almost every one of the cases where the fever was caught from those having the exanthema, the cutaneous eruption was present. Thus of the students, fever nurses, and domestic servants in the hospital, who took the fever, every one had the eruptive form. In many cases it is confined to one part of the body, and the spots may be few in number and not very distinct unless to a practised eye. That the numbers are not higher in this column of the table arises from this,—that entries were only made of those cases where it was general over the body. I need not now-a-days say it is different from petechiæ, and that the two sometimes exist together in the same case. In those cases that were to be fatal, the exanthema often became like purpura, the spots being most numerous on the lower extremities; but in size and shades of colour always distinct from true petechiæ where the latter were present.

“I have never known a second attack of exanthematous typhus in the same individual. It happened in several instances, that persons sent into the fever wards with inflammatory diseases, such as bronchitis, influenza, erysipelas, &c., were seized with exanthematous typhus, before they could be got out, or, if sent out, were returned on us after a variable time with that disease.”

It appears that in cases where the disease was witnessed during its whole course, the exanthema was present. This explains the apparent absence of it, in many cases; they are observed for a short time, late or early, in the disease, or the eruption happens to be extremely pale.

III. *Mortality.* This was very uniform in the different years; in our epidemics it was more variable. Taking mild and severe forms together, Dr. Kilgour's proportion is one in 9.34.

“The deaths in the first ten months were 1 in 7.26, or 12.68 per cent.; in the second year, they were 1 in 9.51 or 10.13 per cent.; and in the third, 1 in 10.07 or 9.92 per cent., or close upon 10 per cent. This mortality, however, it must be observed, includes all deaths in my fever wards, and it embraces, therefore, those admitted moribund, as well as some cases not fever. Taking the whole deaths against the whole admissions for the three years, the proportion is 1 in 9.34; or, deducting from both admissions and deaths, those admitted moribund, of which the number was 10, and in which death took place within twenty-four hours after admission, and deducting in the same way 6 cases where death was not connected with fever, it is 1 in 10.89.”

IV and V. The author concludes that general bleeding was injurious. “No line of treatment was found more injurious than loss of blood from the arm, and even in cases of local congestion it was found that the loss of blood locally was not well borne.” In our experience we have not found that the local depletion was not well borne in cases of moderate

severity without excessive fœtor or other signs of great alteration of the fluids, and cupping about the head, both scarified and dry, was singularly beneficial, in relieving troublesome symptoms at least.

VI. Blisters were rarely used ; they are approved of by Dr. Kilgour in affections of different organs. We like them much in pneumonia attending typhus, and in the declining stage of the fever when there is still considerable head disturbance.

VII. Wine ; the total quantity used was, on the average, one ounce and three-quarters for each patient ; this is a small proportion. It is probably enough, if regard be had to the mortality alone ; but if we wish to shorten the disease and increase the comforts of the patients during convalescence, more wine should be used. After the decline of the fever, there is usually a period of prostration before the full development of convalescence. At this time wine is almost invariably of service, though not, it is true, absolutely necessary in most cases. In the earlier periods of the disease, wine is often of benefit. In some epidemics it is so in almost every case ; in others the fever is more active, and approaches more closely to the inflammatory diseases, and wine is less frequently indicated.

Among the sequela of the fever were pain in the legs and walking ; and abscesses of the limbs. A furfuraceous desquamation took place in many cases, something similar to that of measles ; we have observed the same facts in the fever of Philadelphia, and in one case there was gangrene of the leg.

The cause of death is noted in a very indistinct manner. We give Dr. Kilgour's statement :—

“The cause of death, or rather the organ chiefly affected at the time of death was thus noted in 99 cases :

| Head. | Head and<br>bowels. | Lungs. | Stomach and<br>bowels. | Erysipelas. | Moribund. |
|-------|---------------------|--------|------------------------|-------------|-----------|
| 29    | - 6                 | - 18   | - 21                   | - 15        | - 10      |

“Amongst those entered as affections of the head, one was a case of hydrocephalus, and another was found at the necropsy to be a tumour in the cerebellum. Of those entered as affections of the lungs, three were cases of pure pneumonia. Three children in one family, who died of typhus, were found to have a collection of pus, or empyema of one side of the chest. I believe, that in the hospital, or at their own house, five, if not six, children, the oldest not being sixteen, of this family were carried off by fever. They had come from the Highlands a short time previous, and were in extreme want. Of those entered as affections of the bowels, four had melæna stools, or passed blood from the bowels previous to death. Of the deaths from erysipelas, five arose from that disease attacking the glottis, or extending inwards to it from the face ; and two died from being worn out by numerous superficial



abscesses which followed the erysipelas in various parts of the body. Thirteen of the deaths are stated to have taken place during convulsions, and in most of these, the entry in regard to 'habits' is 'very intemperate.' Some of the cases put down as affections of the head would, but for the abundant exantheme, have been put down as *delirium tremens*. They were drunken dissipated characters. Some of them walked to the hospital on their own feet, and, notwithstanding the free use of wine after admission, and, in some cases, opiates, were cut off in two or three days at furthest.

"Besides the above, two females died of mortification of the vagina, extending upwards to the uterus; one of vibices and purpura on the second day, after having had an abortion; one of purpura with severe cutaneous hæmorrhage; and one of sphacelation following the application of a blister."

Probably the autopsies were not made in many cases; at least, it does not appear so from the text. It would be very interesting to know, from exact statistical documents, whether the disease of the glands of the intestine occurs in a certain proportion of cases of the true typhus of Great Britain. We have never found them in the typhus of Philadelphia. This is one of the principal distinctive characters between typhus and typhoid fever. The latter is the sporadic disease, very common in the United States, especially in the northern states, and in the hilly parts of the country. It is, of course, frequently designated typhus, but in reality is different from the epidemic fever of British writers.

The duration of the fever is badly described; that is, the date of convalescence is not fixed; as to that of the discharge of the patient it is of little value. But sixteen cases of males, and eleven of females, were dismissed from the hospital before the twentieth day from the commencement of the attack. One half the cases of males were discharged between the twentieth and thirtieth days, but the largest number of discharges of females took place between the thirtieth and fortieth: the women seemed, therefore, to recover more slowly. The mortality among the men was, as is usual, greater than among women, owing, in part, perhaps, to the fact that more cases were brought in moribund; but a similar difference is true in most acute diseases. More cases occurred among women than men.

The causes of the fever could not be explained by atmospheric or other peculiarities, nor could we account for the Philadelphia epidemics.

The colleague of Dr. Kilgour, Dr. Dyce, agrees in general with his views, especially as to bleeding, the contagion of the disease, and the eruption similar to what occurred at Philadelphia. He thinks that occasionally a second attack takes place; this we have seen, but rarely. As regards bleeding, Dr. Dyce remarks:

"I quite agree with your remarks on bleeding. I found it rarely could be borne, certainly never to any extent; and when deemed necessary from the urgency of the local symptoms, a tedious convalescence invariably followed. I have hence for a long time trusted entirely to leeches and blisters, and have in almost every case, been in the practice of limiting the time the leeches were to be permitted to bleed, from so often witnessing the ill effects of such a drain on an already weakened frame."

As a very general rule as to the treatment, we agree with him. Our practice, in mild cases, consists in laxatives of oil, sponging with tepid water, diluents, occasionally diaphoretics or saline mixtures—although their good effects are often doubtful—and local bleeding or blisters when the head is much affected; stimulating pediluvia and sinapisms are also useful. At the close of the fever we give wine and a nourishing diet. In more severe cases, where there is extreme exhaustion, wine and analogous stimulants are necessary throughout the case, and the local derivatives are also of benefit. Sponging with solutions of chlorine, or vinegar and water, and free ventilation diminish the fœtor, and, by removing the accumulated exhalations, appear of decided benefit.

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*On the use of Amadou as a surgical application.* By J. WETHERFIELD.—This substance, in popular use for lighting pipes, is not unknown to the profession, having been recommended as a remedy to suppress hæmorrhage; but I am not aware that it has ever been applied to any other purpose. From its extremely soft and elastic nature, this substance is decidedly superior to every other at present in use, both as a medium for applying support and pressure, and for defending the tender and inflamed skin, arising either from friction or the pressure of hard bodies; and I have accordingly for several years employed it with success in the form of a graduated compress in the umbilical hernia of new-born infants, and as a compress over fistulous ulcers, as in the groin, after suppurating bubo, instead of the usual mode of a graduated compress of lint, which soon loses its elasticity, and becomes a source of irritation over the inflamed skin, especially if the patient is obliged to use exercise. A graduated compress of amadou, applied in conjunction with the spica bandage, will be found to facilitate the healing of these fistulous ulcers. In defending parts from pressure it is an admirable application, preventing those ulcerations so often produced by long confinement to one position; for this purpose it may be spread with soap plaster, and applied over the sacrum and hips; and it is equally efficient as a defence against the galling occasioned by the springs of steel trusses in persons of spare habit, and whose skins are irritable. It forms the best corn plaster I have ever used, so shaped as to take off the pressure from the central



prominent and painful thickened cuticle, and spread with a mild and anodyne plaster, it effectually defends them, relieves the pain, and they are removed by the process of absorption: as a support to varicose veins, it has answered better than rollers, laced stockings, or any of the contrivances at present usually employed for that purpose, giving a steady, equable support without the aid of a roller, the substance and elasticity of the material itself affording sufficient resistance to the enlarged veins; for this purpose it should be spread with soap plaster, and applied, if possible, in one piece over the limb. Repeated trials have proved the efficacy of the amadou in the cases above mentioned; and by directing the attention of the profession to it, other uses will soon be found to which it may be applied with advantage: the manufacturers, too, will be more careful to select the purer sorts of it for medical purposes, as at present it is rather difficult to obtain a supply sufficiently equable in surface and substance to apply with success in cases where a piece of considerable size is required, as for covering a limb for varicose veins.

We have employed the article here recommended many years ago, at whose suggestion we do not recollect, but it certainly furnishes an admirable compress, under many circumstances, when used beneath a roller. The chief objection to it consists in the difficulty of procuring the article in sufficiently large quantities at a reasonable price.

To its employment in umbilical hernia we should decidedly object, being fully convinced, from very ample observation, as well as from the application of just mechanical principles, that, *at any age*, a spring truss, properly formed, will retain an umbilical hernia with much more certainty, and much less force than any other contrivance; that the contact of a smooth hard-wood block is less irritating to the skin than any soft compress, if the former be of the proper shape; and that the pressure of a circular bandage or strap around the abdomen, in order to confine a compress, is unphilosophical and inefficient, liable to produce protrusion elsewhere, necessarily more violent in its action than the spring, embarrassing to the growth of abdominal organs, and in every respect injudicious.

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*Statistics of the Lateral Operation of Lithotomy at Naples.* By M. S. DE RENZI.—From the year 1821 to 1828, inclusive, 596 cases of stone were operated on, 579 of whom were males, and only 17 females. Of this number 503 recovered, and 91 died; 306 of these cases occurred in persons under 15 years of age; 231 in adults, and 59 in aged individuals. As a means of comparing the mortality from this operation, the results of the operations of lithotomy for the year 1839

are given. During this year 47 were operated on, 46 of whom were men, and 1 woman. Of these 38 recovered, and 9 died. Of this number 15 were below 15 years of age; 31 were adults, and 1 was aged.—*Ed. Med. and Surg. Journ., from Il Filiale Sebezio Giornale.*

*Reduction of a Strangulated Hernia, apparently effected by Acupuncture.* By DR. DASER.—A man, 50 years of age, was seized with strangulated hernia, with vomiting of stercoral matter, and all the other usual symptoms. The taxis having failed, Dr. Daser, before having recourse to the operation for strangulated hernia, with the view of trying the effect of acupuncture, for the purpose of evacuating the gaseous contents of the strangulated portion of intestine, made two punctures in it with a long fine needle. No gaseous matters apparently escaped, but the patient complained of acute pain, and loud gurgling sounds were heard in the abdomen, immediately after which the hernia was spontaneously reduced. Dr. Daser attributed this fortunate occurrence to the prick of the needle having excited contractibility of the intestine, causing it to contract on its contents, expel the gaseous matter into the abdominal portions of the gut, and thus facilitate its reduction.—*Ibid., from Journal fur Chirurgie und Augenheilkunde, 1840.*

*Hæmorrhage after Lithotomy stopped by Creosote.* By DR. DASER.—In a case of lithotomy it was found impossible to arrest the hæmorrhage by any of the usual means, and no particular vessel could be discovered from which the blood might flow. The patient was at last reduced to the lowest ebb from the continued loss, and had already lost consciousness, when a sponge dipped in pure creosote was introduced into the wound, and pressed against the bleeding parts for an instant or two. The hæmorrhage was immediately arrested. No particular pain was experienced, no unpleasant symptoms followed: thin eschars were thrown off, and the patient recovered.—*Ibid., from Journ. fur Chir. und Aug., 1840.*

*The conditions which favour an excessive size of the Fœtus.*—Professor OSIANDER regards a too exclusive use for food, of articles composed of fecula, especially rye-bread, as contributing to produce a sort of foetal hypertrophy; and he recommends to pregnant women who are obliged to live on such a diet, to abstain at regular times from food, and to take occasionally a saline purgative. The excessive development of the foetus is one of the causes of difficult labour, and the Professor relates five cases of this nature.—*American Journal of the Med. Sciences, from Zeitschrift fur gesammte Med.*

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